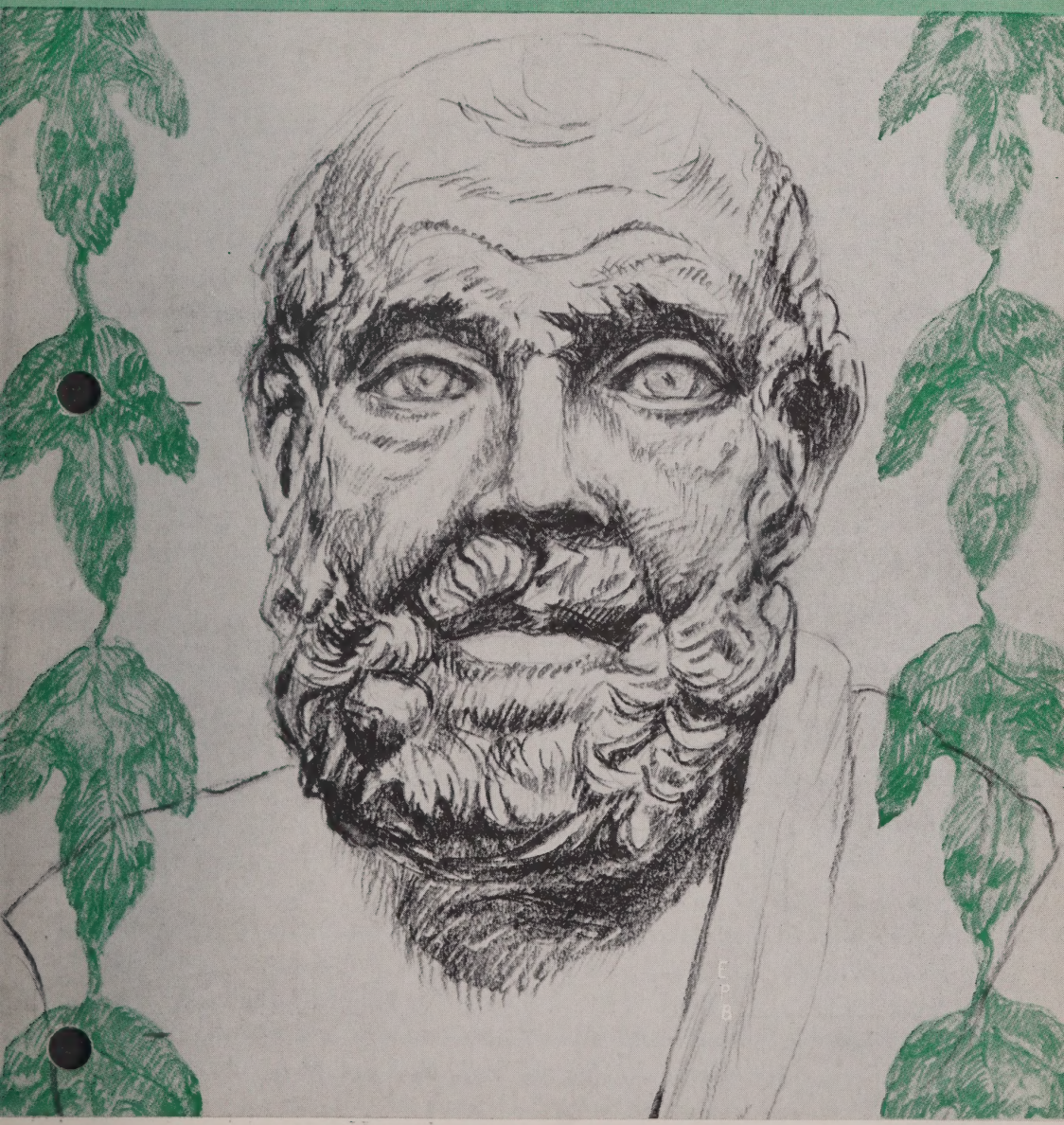
MEMBER
MEDICAL SOCIETY
MAGAZINE GROUP

The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XVI NOVEMBER, 1960 NO. 9



B.C.-CDLX HIPPOCRATES A.D.-MCMLX

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Founded 1840

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Vice President . . . . . Jerome A. Whitney, M. D
Secretary . . . . . Ray T. Smith, M. D.
Treasurer . . . . . Howard B. Brown, M. D.

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Ray T. Smith, M. D.	*ex-officio*	Howard B. Brown, M. D.
Henry Burkhardt, M. D.	1961	Samuel Klibanoff, M. D.
Ralph T. Miller, M. D.	1962	George Corcoran, Jr., M. D.
Howard P. Kennedy, M. D.	1963	Ladislaw E. Pfeifer, M. D.

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Legislative . . . . . Robert W. Emery, M. D.
Woman's Auxiliary . . . . . Aldo Leani, M. D.
Public Health . . . . . Norman A. Pokorny, M. D.
Insurance, Labor Relations and Industrial Accidents
Warren D. Platt, M. D.
Malpractice and Medico-Legal Affairs . . . . Wayne C. Barnes, M. D.
Nominating . . . . . Edward Katz, M. D.
To Committee on Tax-Supported Medical Care . . Harry L. Roberts, M. D

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Blue Shield District Professional Service . . . . Walter J. J. Nero, M. D.
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Health and Accident Insurance . . . . . Joseph F. Zielinsky, M. D.
Mental Health . . . . . Olive A. Cooper, M. D.
Rehabilitation . . . . . Edward J. Ferrarone, M. D.
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Alfonso A. Palermo, M. D. and Jerome A. Whitney, M. D.

The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Published monthly except July and August

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THE HAMPDEN HIPPOCRAT, NOVEMBER, 1960

EDITORIALS

? SALARIED EXECUTIVE SECRETARY ?

At the last meeting of our Executive Committee the question of hiring an executive secretary was again considered. We say "again" because this problem came up on at least one previous occasion, exclusive of staff room and hospital corridor discussions. Briefly the question is as follows: Has the time come for Hampden District to engage a full time, salaried executive secretary? The purpose would be not only to lighten the burden of the Secretary, the Public Relations Committee, the Legislative Committee, etc. but also to intensify our activities in general and to make them much more fruitful and effective.

Salaried directors engaged by district societies is nothing new or unusual. Many of the larger societies employ such personnel. The problem is mainly fiscal and budgetary; the expense can be quite significant. It in-

NEXT DISTRICT MEETING DEC. 6 (See Page 5)

volves not only the executive director's salary but also that of a stenographer plus the cost of office space and equipment. One alternative is to hire a director on a part time basis. But in either case it would certainly mean an increase in dues, which may or may not meet with the approval of the membership. On the other hand, it should be realized that our society is growing and so are our problems and responsibilities. What should be considered also is that these are critical times requiring much vigilance and action. We need all the help we can get to combat the totally unwarranted slanderous attacks levelled against our profession, and the journalistic quackery rampant these days. At the last district meeting it was voted to expand our public relations activities. An executive secretary would undoubtedly assist materially in carrying out more successfully whatever plans or programs may be undertaken.

The chances are that before long the entire problem will be brought before the Society for consideration. In the meantime we will all do well to ponder the problem, to study it and to prepare ourselves to act on it intelligently if and when the matter is submitted to us for consideration and action.

M.

"I SWEAR BY APOLLO . . . . ."

There is very little that can be added to Dr. Bagg's eloquent and scholarly tribute appearing on page 20, except perhaps to offer an explanation why Hippocrates has been accorded the unique title of "Father of Medicine". According to Dr. Ralph H. Major of the University of Kansas *, Hippocrates won this distinction because of three superlative achievements. He was the first to separate medicine from philosophy. Prior to his time medicine and philosophy " . . . were inseparably linked". The great physicians of that era were " . . . far more concerned with the spinning of philosophic theories than with the healing of the sick". Hippocrates was the first to break with this tradition. Secondly, he set up a high moral code for our profession as epitomized in the Hippocratic Oath, which we will all do well to re-read from time to time. In some of his other writings he exhorts the physician to always be honorable and irreproachable. The final reason for Hippocrates' fame is his genius in the description of symptoms and disease. His portrayal of tetanus, Pott's disease, Cheyne-Stokes respiration, the Hippocratic facies, to mention but a few, have remained unsurpassed during these many and long centuries.

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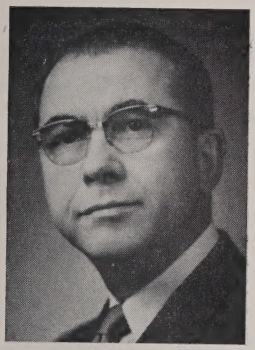
* Hippocrates and The Isle of Cos by R. H. Major, M.D.

M.

President's Page



A Meeting of Importance

I trust that all of you will make a real effort to attend the next District meeting. Several very important issues are to be discussed. High on the agenda is PUBLIC RELATIONS. We are all disturbed by the increasing attitude-of-resentment toward our profession.

Each month, it seems, more and more people take up the "battle-cry" against physicians. October produced: 1. "How Free is Your Doctor" (Redbook), with the opening statement "Are you getting the best care from your doctor or is he hampered by medical societies that are more interested in profits than patients?". 2. "It's Cheaper to Die" by William Michaelfelder — is a book of 192 pages, mostly *half truths about* our efforts to care for the sick, and 3. A supplement in Harper's Magazine entitled "A Crisis in American Medicine". A series of eight articles pointing up our faults and shortcomings. (See page 10). It behooves us all to read this material so that we may be informed on what is being said about us.

An editorial in this issue introduces consideration of a paid Executive—to help with P. R. and other matters—one who will devote the time necessary to fill in "the-other-half-of-the-truth" about our profession and our work. One who will have time to present our side of the story. Ironically, it is the long hours given to the care of the sick, that, in a large measure, robs us of the time needed to fill in the gaps in the current popular misconceptions about the so-called "Crisis in American Medicine".

As our Editor puts the question: Have we reached the time when our dues should be increased to *hire* help? Is it fair to ask our Secretary and Chairmen of such important and time consuming committees as Public Relations, Legislative, and Professional Service Relations to do the whole job without paid assistance? As it is for you and me, their first obligation, you will agree, is to the call of the sick. Give this some thought!

Alfonso A. Palermo, M. D.

EXECUTIVE COMMITTEE

Below is a summary of the October 18th meeting of the District Executive Committee meeting:

1. The past and present activities and the future plans of the Public Relations Committee were discussed at length with its chairman, Dr. J. Baker. The chairmen of the Rehabilitation and Blue Shield committees were invited to the meeting as these two committees are to be correlated with the Public Relations committee in future planning. The need for accurate and careful presentation of material to the public by experienced persons was stressed.

Members are urged to read the article in the October Harper's Magazine "The Crisis in American Medicine" and the book, "It's Cheaper to Die" by Wm. Michelfelder.

2. The pressing need for an executive secretary was discussed; retired fellows to be considered for present needs. The possibility of securing a full time public relations man to act also as executive secretary is to be explored.

3. The following appointments were made:

Mental Health Committee: Drs. H. B. Tillman, R. J. Maher and J. B. Greenspan.

Medico-Religious liaison Committee: L. J. Kendrew, chairman; A. I. Blake, C. A. Diamond and G. deN. Hough, III.

Committee to revise and reprint the district by-laws: Drs. E. P. Bagg, H. Memery, R. T. Smith and M. Millman, Chairman.

4. The resolution from the Woman's Auxiliary favoring the A M A's proposal on aid to the aged was improved.

5. The system, from the District of Columbia medical society, on the "Classification of Physicians as to type of Practice", is to be considered.

6. Name cards are to be provided at the December 6th meeting of the District at Storrowton Inn.

7. A letter from Mr. Everett Spencer, public relations director of the M M S, urging "get-togetherness" with local congressmen was discussed and assistance will be sought.

The grievance committee referred one case to the Charles River District.

Ray T. Smith, M.D., Sec.

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NEXT HAMPDEN DISTRICT MEETING

TIME:	Tuesday, December 6 Social Hour 6 p.m.* Dinner (at expense of Society) 7 p.m.
PLACE:	Storrowton 1305 Memorial Avenue West Springfield
AGENDA:	Reports of Committees: (1) Public Relations (2) Blue Shield (3) Rehabilitation (4) By-laws Other ethical, organizational and socio-economic affairs.

YOUR PRESENCE IS URGENTLY REQUESTED

Ray T. Smith,
Secretary

*PLEASE NOTE CHANGE IN TIME

IN MEMORIAM

HERVEY L. SMITH
1879 - 1960

Dr. Hervey L. Smith died on October 5, 1960 at the West Palm Beach Hospital, West Palm Beach, Florida.

Dr. Smith was born in Smith's Ferry, Mass. on Dec. 27, 1879. He graduated from Harvard Medical School in 1903, interned at the Springfield Hospital from 1903 to 1904, and at the Mass. General Hospital, Boston, Mass., from 1906 to 1907, after which he came to Springfield, Mass. to practice until his retirement in 1947.

For many years, Dr. Smith served on the staffs of the Springfield Hospital, the Springfield Health Dept. Hospital, and the Monson State Hospital. He was a County Physician from 1917 to 1920. During World War I, Dr. Smith served on the local draft board and also on the advisory board. He enlisted in 1918 but was never called into service.

Dr. Smith was a member of the American Medical Association, the Hampden District Medical Society, of which he was secretary for many years beginning in 1912, and the Springfield Academy of Medicine, of which he was president in 1927.

Deepest sympathy is extended to the surviving members of his family and to his many friends and associates.

COMING EVENTS

HAMPDEN DISTRICT MEDICAL SOCIETY MEETING,
DECEMBER 6, STORROWTON (See Page 3)

SPRINGFIELD ACADEMY OF MEDICINE, DECEMBER 13,
MUNICIPAL HOSPITAL (See Page 22)

CANCER TEACHING CLINIC, WESTFIELD, NOVEMBER 16

MASSACHUSETTS SOCIETY OF INTERNAL MEDICINE,
NOVEMBER 17, SHERATON PLAZA HOTEL, BOSTON

AMERICAN COLLEGE OF PHYSICIANS, REGIONAL MEETING,
NOVEMBER 17 & 18, SHERATON PLAZA HOTEL, BOSTON

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HAMPDEN AT WORK

2 - EXECUTIVE COMMITTEE

Foreground center, clockwise:
Drs: J. A. Whitney (Vice President), H. P. Kennedy, R. T. Miller, J. A. Burke, H. B. Brown (Treasurer), G. Corcoran, Jr., L. E. Pfeifer, A. A. Palermo (President), R. T. Smith (Secretary). (Missing are: Drs: H. Burkhardt and S. Klibanoff).

All committees of our District Society are important and work hard but the Executive Committee unquestionably carries the heaviest load. Its function is not only to advise the president, but also " . . . . to exercise all the powers of this Society except such as by these by-laws or by those of the State Society are to be exercised exclusively by the membership". In addition this committee is responsible for the program for each meeting, and for the coordination of the work of the district with that of the State Society.

The Executive Committee consists of eleven members: the four officers, the retiring president, and six elected members. At each annual meeting two new members are elected to the committee, each for a term of three years. The executive committee elects the Board of Editors for the Hampden Hippocrat, and through the treasurer, recommends to the District Society such dues and assessments as needed.

It also serves as a Grievance Committee. In this capacity it receives and acts upon grievances against physicians either from patients or from other doctors. This task has always been very difficult, but was improved upon somewhat when the Committee on Ethics and Discipline sent recently

a list of suggestions as to the handling of complaints received by district grievance committees:

"1. Only complaints in writing should be received.

"2. Copies of such letters should be sent to the physicians involved for their consideration.

"3. Matters of medical ethics that might result in deprivation of membership should be referred to the State Committee on Ethics and Discipline.

"4. Disagreements regarding fees should be adjusted by district committees as far as possible. Where settlement cannot be reached, the matter should be referred to the Committee on Ethics and Discipline".

The Executive Committee meets monthly (except for July and August) and oftener if necessary. It frequently invites chairmen of other committees for consultation, suggestions etc., always with a view of improving our Society. The proceedings of Executive Committee meetings are published in the Hippocrat. This month's report appears on page 4

VISUAL STATISTICS

Every other person in this country wears either eye-glasses or contact lenses. Figures show that in the United States 77,000,000 wear eyeglasses and an additional 6,500,000 wear contact lenses.

As these estimates imply, the person who has normal vision is in the minority. The results of one study reported by the publication revealed that only 43.5 per cent of people have normal vision—that is, 20-30 vision, or better in both eyes. Almost 10 per cent of people in the same study were found to be using one eye.

There are 960,000 blind persons in this country and an additional 2,064,000 people with serious visual impairments. Together, poor vision and blindness rank fourth in the list of disabilities in the United States, outranked only by impairments of hearing; of the limbs, back and trunk; and of the lower extremities.

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Designed and sketched by
Dr. Edward P. Bagg

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MEDICAL READER

Harper's Magazine has issued as part of its October issue, a large supplement entitled "The Crisis in American Medicine". This consists of a series of articles examining the changing aspects of medical practice in this country. The first article, entitled "The Politics of Medicine", is written by E. T. Chase, who is described as a reporter of medical economics. It is Mr. Chase's contention that medicine in this country is an organized guild, with rigid entrance requirements, led by "the top practitioners — in income and prestige" — in each community. These men, he tells us, control the flow of new physicians to best stifle competition, restrict hospital and county society officers to a small inbred group, and refer all patients to one another, excluding any newcomers from an opportunity to disturb the status quo.

Having thus shown how undemocratic organized medicine is, the author then goes on to detail his thesis that the Forand bill is simply the demand of the American people for adequate medical care, without bankrupting themselves to pay the large sums which doctors charge.

Finally Mr. Chase examines large group practices like HIP in New York, and Kaiser in Cal. and Hawaii, and finds them ideal for patients and physicians alike. He predicts that in years to come, more and more doctors will join these groups, where they can be free from the restrictive dogmas of the local county societies, and practice the type of medicine which is good for the people. In that golden era, Mr. Chase feels, the doctors of this country will then be true healers, and not, as he sees us now, simply putting in our time until we have all become millionaires.

J. A. Burke

(In commenting on the Harper Article, and similar irresponsible reporting, the A.M.A. News stamped them as "journalistic quackery". Ed.)

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SECOND NOTICE

THE HAMPDEN HIPPOCRAT

takes pleasure in announcing

THE SECOND ANNUAL ESSAY CONTEST

open to all

MEMBERS OF THE DISTRICT

on a subject pertaining to any aspect of
MEDICAL SOCIO-ECONOMICS
or
MEDICAL ETHICS

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SECOND PRIZE: An all-expense paid "Yankee Winter Week-End" (planned program of activities) for the winner and spouse at the Publick House, Sturbridge, Mass.

RULES OF CONTEST:

1. Essays are to be no less than one thousand (1,000) and no more than two thousand (2,000) words.
2. At least two typed copies, double spaced, are to be submitted.
3. All entries to be postmarked no later than *December* 31, 1960.
4. All entries shall become the property of the Hampden Hippocrat with full rights of publication.
5. Members of the Board of Editors of the HAMPDEN HIPPOCRAT and Officers of the HAMPDEN DISTRICT MEDICAL SOCIETY are not eligible.
6. The HAMPDEN HIPPOCRAT reserves the right to withhold awards.

SUGGESTED TOPICS FOR ESSAY

Medical Ethics
Blue Shield
Publicity Code
Socialized Medicine
Hospital Relations
Forand-type of Legislation
Indoctrination of new members.
Relations with labor, insurance and compensation.
Philosophy of medicine.
Free choice of physician.
Health Care of Aged
Relations with Press, etc., etc.

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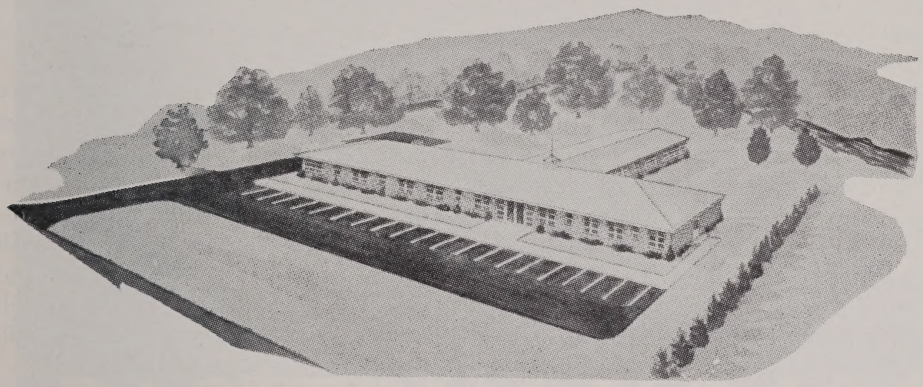

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CORRESPONDENCE

Patient-Hospital Survey

Dear Hippocrat:

Starting this month, field representatives of the National Opinion Research Center, University of Chicago, will begin interviewing recently discharged hospital patients (or their responsible relatives) in a year-long survey of hospital utilization in the Commonwealth of Massachusetts.

The study is sponsored by the Health Information Foundation, a nonpartisan group devoted to education and research in the field of health. We are all aware of the controversy surrounding the public's use of hospitals today, and your medical society has welcomed the initiative of the Foundation in seeking factural information on the matter through systematic study of a representative sample of cases.

During the next twelve months, the Research Center will be interviewing personally a random sample of some 2500 patients recently discharged from selected hospitals throughout the Commonwealth, and will then conduct somewhat shorter interviews with the physician in charge of each case.

If one or more of your patients are among those whose names have been drawn for this sample, I can assure you that your cooperation will contribute a great deal to the effectiveness of the study, and we hope you will provide the interviewer with full and frank answers to the questions she will ask. Needless to say, your replies will be kept strictly confidential.

Carl Bearse, M.D.
President, M.M.S.

Rehabilitation

Dear Hippocrat:

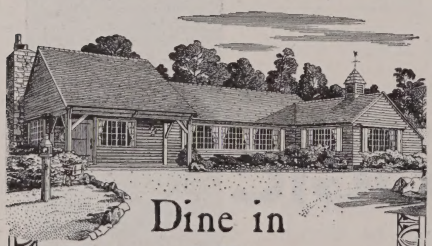
The Western Massachusetts Rehabilitation Center of The Springfield Hospital went into operation June 1, 1960 to provide rehabilitation services to the Western Massachusetts area. It inherited several therapists and much of the Bay State equipment.

This new center which utilizes physical, occupational and speech therapy, social service and psychological testing under the direction of a physician to effect maximum patient rehabilitation.

Referrals from area physicians are most welcome and should include diagnosis, brief clinical history and suggested course of treatment.

We invite you to make use of these facilities, which are providing ongoing rehabilitation service to our area.

Parker C. Carson, M.D.
Medical Director
Western Massachusetts Rehabilitation Center



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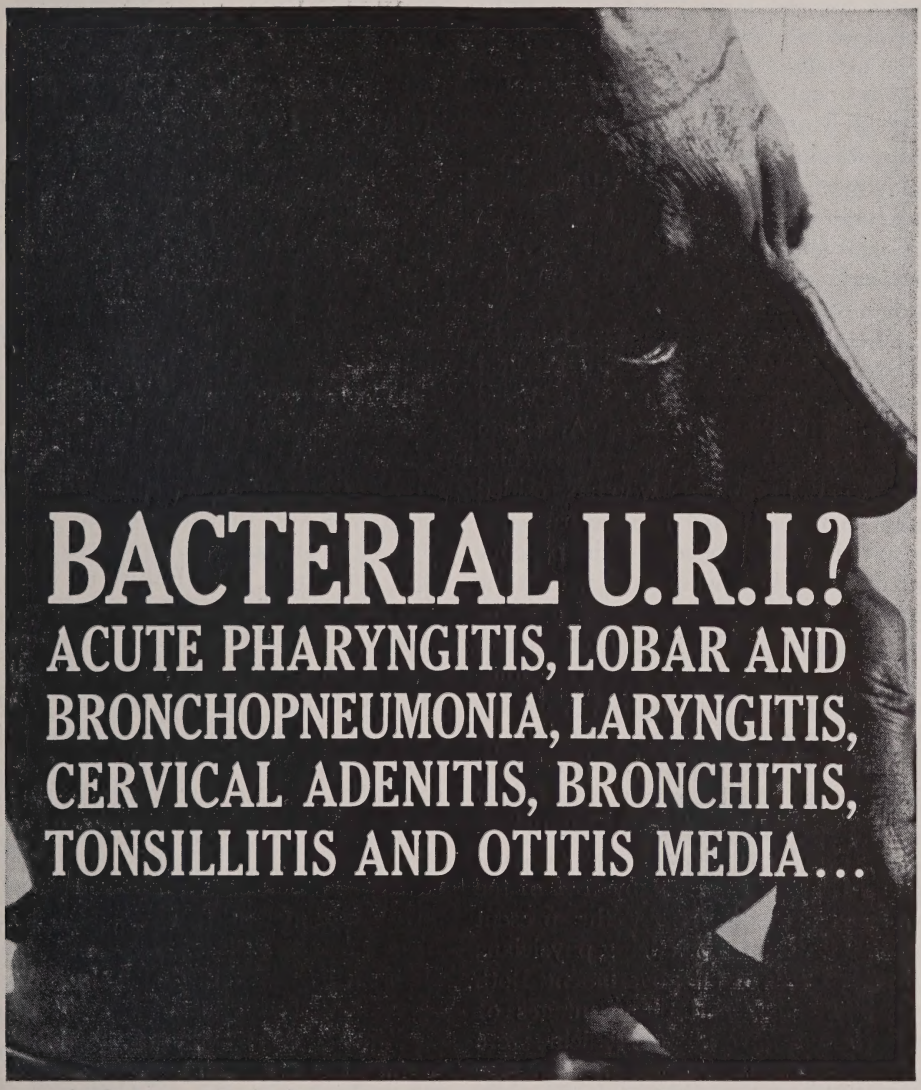
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1. Morigi, E. M. E.; Wheatley, W. B., and Albright, H.: Antibiotics Annual 1959-60, N.Y., Antibiotic, Inc., 1960, 131.

Schering

H-339

BLUE SHIELD CONFERENCE

(Report Presented at October 4 Meeting)

On September 14, 1960 a Blue Shield Professional Relations Conference was held in Boston. The chairman of your Committee attended this conference and presents the following as a resume of the five very interesting speakers who participated in the program.

The first speaker was Dr. John B. Reckless of Duke University Medical Center who talked about "The Facts of Life in the Future of American Medicine". Dr. Reckless, a psychiatrist, is an Englishman who has resided now in this country for the past few years. His talk concerned the practice of medicine in England and with it the inception and development of government medicine. He pointed out that in 1911 government sponsored compulsory insurance for the indigent was initially regarded as an intrusion by the medical profession, but because it involved so small a group, was finally accepted by the profession. By 1948 a National Health Service was acceptable to 15% and by 1949, by 48% of the medical profession. At the present time, 98% of the practicing physicians are employees of the government. Both the advantages and disadvantages of this form of government medicine were discussed and little doubt was left that the latter far outweighed the former. One example in particular stuck in my mind, namely that for elective surgery there is a waiting list of 480,000. Thus, the average tonsillectomy would wait approximately two to three years before the operation was finally performed. Two obvious conclusions were derived from this talk: 1. The more prepayment insurance, the more private practice, the less likely the government will take part in the practice of medicine. 2. The more the government pays for, the more say-so it will have in the practice of medicine.

The second speaker was Dr. Joseph A. MacDougall, a Canadian anesthetist who is also President of the Maritime Hospital Service Association. His topic concerned "The Future of Medicine in Canada". Besides being a very good story teller, Dr. MacDougall briefed us a little on the mechanism of government in the provinces of Canada. This provides for independent unit government in each province, somewhat akin to our government at state level. Thus, each province in essence determines the type of health service it wants. At the present time, 55% of people in Canada have some form of medical insurance coverage. He stated, however, that Labor was very dissatisfied with this type of prepaid insurance and offered the following program: 1. Comprehensive health benefits to include prophylaxis and prevention in medicine with complete medical care of members and with

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special emphasis on rehabilitation and convalescence. 2. A maintenance of high standards. 3. Prepayment finance. 4. Provisions for maximum economy. Labor felt that all of these provisions were best accomplished in a group type of practice. Dr. MacDougall emphasized that the commercial insurance type of coverage was not exactly the one most desirable since presently the 25% of Canadians who are covered by this type of insurance would rise to 70% if the third party profit were eliminated. In conclusion, Dr. MacDougall felt that quality medical care should come from an "organized medical profession".

Mr. Wilfred T. Connell, President of the International Photo Engravers Union of North America, was the third speaker and happens to be a lay member on the board of the Massachusetts Medical Service. Mr. Connell started his talk with the statement that unions want all that they can get and for the least amount. He expressed concern also that the public image of the medical profession is that hospitals and doctors are very loosely run and with little cooperation between the two. Among other things Labor is extremely concerned about the care for the aged and in this respect was most concerned about the passage of the Forand Bill. Labor is not satisfied with the present bill as passed recently. Mr. Connell felt that good relationship between Labor and the medical profession was most essential and emphasized in passing that Labor was looking to Blue Cross and Blue Shield to work out a plan for the care of the aged.

The fourth talk was presented by Mr. Donald T. Diller, Executive Vice-President, the Medical Service Association of Pennsylvania, his topic being "The Closed Panel Threat to Blue Shield". The talk as presented by Mr. Diller overlapped a bit with what had been discussed by Dr. MacDougall, especially as it pertained to the solution offered by Labor. Mr. Diller discussed the present Michigan Plan, a closed panel system for the care of union workers. He stated further that in Philadelphia some local unions were building hospitals on a closed panel basis for the care of worker groups. He concluded by stating that, certainly at the present time, there were no real major threats to Blue Shield and emphasized the importance of Blue Shield.

The final talk was given by Dr. Donald Stubbs, professor of Anesthesiology at George Washington University. He is the chairman of the Board of the National Association of Blue Shield Plans, and discussed "The Doctor's Responsibility to Blue Shield". Dr. Stubbs was a most interesting and forceful speaker and presented probably the most important talk of the afternoon. He emphasized that economics are overtaking the scientific aspects of medicine and felt the need for unification of attitude. It was his impression that a large majority of people are still unable to pay their way medically under the present economic system. Ways and means to make prepayment insurance work need to be found, for if there is discontent amongst the people, then the government will very definitely step in and take over. He pointed out two ways in which the government presently has already stepped in: 1. The federal employee program which involves five

million federal employees and is operated under Federal law and 2. The care of the aged, which has been the prime objective of Labor movement, has been accepted by both nominating parties in government as being vital and was acted upon by passage of a recent bill. Dr. Stubbs felt very strongly that this bill must be met by the doctors or the government will definitely step in to expand it. The strongest measure which Dr. Stubbs advocated was prepayment insurance. He felt that this was important in three ways: 1. Prepayment insurance spreads the costs and therefore the aged can be covered without necessarily increasing the cost to them for this coverage. 2. Prepayment insurance can be done without a profit so that a third party would not benefit as a result of the program, and 3. Lastly, prepayment gives bargaining. *Dr. Stubbs stated that there was a demand for uniformity of objective and not individual ruggedness.* He felt that Blue Shield is an economic arm of medicine and must be nation wide. He concluded by stating that "A voluntary system must be made to work soon, for time is running out".

The obvious conclusion from this high powered array of speakers was that prepaid medical insurance without profit is the desirable type of insurance coverage. Unless this is broadened by an organized medical profession, the present inroads by the government in the practice of medicine will obviously be expanded and the danger of a complete national health service as now seen in England would inevitably become a reality.

Walter J. J. Nero, M.D.
Chairman Blue Shield District
Professional Service Com.

HIGHLIGHTS OF OCTOBER (5) COUNCIL MEETING

The October meeting of the Council of Massachusetts Medical Society was called to order at 10:15 a. m. on October 5th with the President Dr. Bearse, presiding. There were 13 councilors from Hampden present.

Informational reports from committees on Agencies, AMA, Medical Disciplinary, Prepaid Health Insurance, Tax Supported Medical Care, Joint Conference Committees with the Bar, Public Relations, National Legislation, Society Headquarters and Insurance and Investment problems all were quickly considered and approved.

Two members of Hampden District received appointments to committees: Dr. Allen Johnson, to Public Health, and Dr. Max Millman, to Disaster Medical Care.

Dr. Root spoke extensively on insurance and investment plans sponsored by the New England States Medical Society and supplied by the National Shawmut Bank of Boston, The Massachusetts Mutual Insurance and the Putnam Fund, but no action was taken.

There was much discussion as to whether the MMS would approve Blue Shield payments to Podiatrists. It seemed the consensus of the meeting that they should not, and the suggestion was made that they set-up their own plan.

An attempt to change the date of the Annual Meeting was frustrated by the By-Laws. However, the Committee appealed for more latitude in scheduling the annual meeting. The Council also approved the idea of giving over the Post Graduate Assembly to the New England States Medical Society.

The Committee on Industrial Health

was granted permission to change its name to the Committee on Occupation Health, and the Committee on Medical Defense to broaden the scope of its activities: 1. To reduce malpractice suits. 2. Make available assistance in adjusting claims. 3. Provide information to the Fellows Malpractice Claims.

The Council also voted to change the name of the Section on Medicine to the Section on General Practice and have a new section on Internal Medicine.

The report of the sub-committee on Relative Values was tabled without extensive discussion. However, it was noted that there was no objection to each District Society going ahead with a scheme on their own.

D. David Hiebert of Barnstable, was nominated for General Practitioner of the Year.

The President announced that a certificate of membership would be presented to new members of district societies.

A resolution from Norfolk South instructing the Legislation Council to file a bill in the Legislature to absolve physicians rendering emergency care from malpractice suits, was referred to the committees on State Legislation.

A resolution presented by Middlesex District that Plan A Blue Shield members be considered indemnity members if they occupied private accommodations in hospitals without medical indication was rejected.

Essex South presented a resolution that the Director of Medical Education present a program of Public Education and that the Council provide an expanded staff and authorize a special assessment for the purpose, was referred to committee.

The report of the Committee on Pooled Funds was received in Executive Session.

The meeting then adjourned after checking the baseball score which showed the Pirates ahead.

Miller

DR. HOPKINS HONORED

Dr. Frederick S. Hopkins, Springfield, was elected recently president of the American Cancer Society's Massachusetts Division.

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BIRTHDAY CELEBRATION

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The portrait which distinguishes the cover of the current issue of the Hippocrat has been given a twentieth century face-lifting by a local disciple of the Father of Medicine who used G. Becatti's photograph of a recently discovered but somewhat battered portrait bust that may be seen in the Museum at Ostia, Rome's ancient seaport.

Much has been said and written about this gifted son of Heraclides who was born into a priestly family, the Asclepiadae, gatherers of medical traditions that were handed down secretly from father to son. Two of his own sons, Thessalus and Dracon, as well as Polybus his son-in-law and two grandsons also practiced medicine. Yet, this was the man who broke with tradition, forsook superstitious ritual and laid the foundation for the scientific approach to modern medicine.

Civilization as we know it, owes a great debt to the Greeks of this Periclean era who pioneered in accurate observation, clear thinking and in strength of character, not only in medicine but in many other fields. Phidias, for example, under the friendly patronage of Pericles, achieved a perfection in sculpture that never has been surpassed. The Doric masterpiece of Ictinus, the Parthenon, still stands there on the Acropolis without a peer. And what of the work of Socrates, Pythagoras, Alcmaeon, Democritus, Plato and Aristotle? The list is long and the accomplishments are memorable.

Like Socrates, the Father of Medicine taught pupils both in practice as well as principle wherever he wandered. He also established a school on his native island of Cos where his aphorisms and precepts were transferred to scrolls not only by himself, but by his relatives and numerous followers, and applied to patients who came to him for consultation and treatment.

Twentieth centurians who choose to visit the birthplace of Hippocrates may see still growing at Cos the self-same plane tree whose shade broke the glare of an unclouded sun for both teacher and pupils back in the 4th century B.C.,—*Planus Orientalis,* a relative of our Button Ball tree. After more than twenty four centuries of growth, the girth has attained an impressive record of 45 feet. Similarly, interested visitors may take a much shorter trip to the new lobby which connects the Phillips House and the Warren building at Boston's M. G. H. There they will find a living off-shoot of that arboreal immortal which was presented at the dedication of the latter building by Dr. Wilder Penfield, Director of Montreal's Neurological Institute who also gave the principal address. The tri-lobed, serrate leaves shown flanking either side of the head of our birthday celebrant on the cover were drawn directly from those of this miniature tree. Somewhat farther afield, all who wish may view other similar shoots that the United States National Library requisitioned from Cos for planting in the courtyard at Washington headquarters.

On this twenty-four hundred and twentieth anniversary of his birth, therefore, it is more than fitting that we and the world should pay a long overdue tribute to our Patron whose name was included by Dante in his list of scientists along with Euclid and Ptolemy, and honored in a later age as 'Ypocras' by England's Geoffrey Chaucer. To some who pause to read, nailing the great name to our puny mast-head conferred a dubious honor. One other critic is known to prefer the title 'Hypocrite'. But the keen eye and perception of the Father of Medicine must have recognized even imperfect attempts to seek out the truth under his egis and to publish the results in brief and lucid language.

Evoe, then, for Hippocrates! Let an amphora of amber wine from Lesbos be broached, or of ten year old Falernian,—though the Master himself would no doubt prefer pure spring water. Let us pledge assurance of our adherence to his ethical precepts, out-moded as they may seem to a wicked and adulterous generation which seeketh instead for pathognomonic signs and no night calls.

As an added tribute, consider the significant parallel between the eteranl truths which Hippocrates taught and the long life of *Planatus Orientalis* in the shade of which he was wont to teach,—each are exemplars of good health. The following inscription from the base of the recently discovered portrait bust may serve as a reminder for the present-day practitioners who, they say, are too busy in their mad scramble to pause and look inward, that time and soul-saving opportunities are swiftly passing:

"Short is life, but long is the age we mortals spend below the ground; it is the lot of all to bear the fate, whatever it be, that God apportions".

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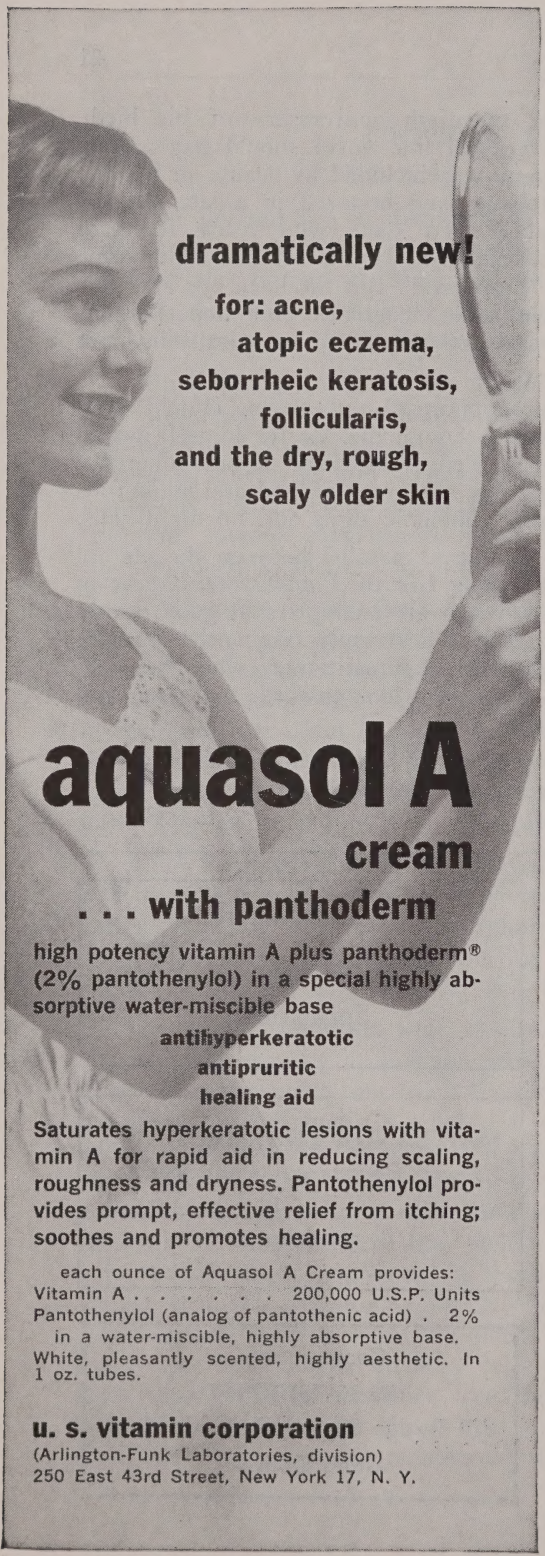
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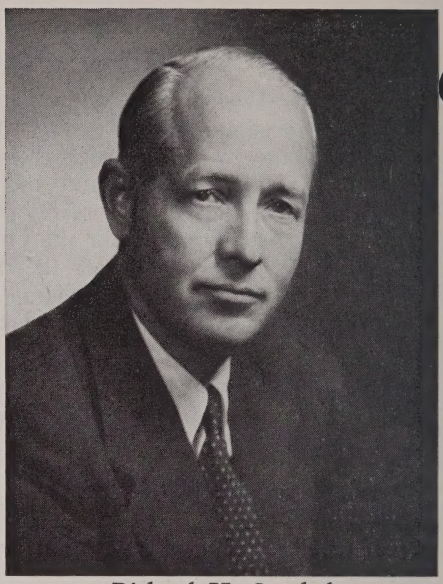

Richard H. Overholt

At the December 13 meeting of the Springfield Academy of Medicine the speaker will be Richard H. Overholt, M.D., Clinical Professor of Surgery, Tufts Medical School. His topic will be "The Challenge of Intrathoracic Malignancy". At the Clinical Conference in the Afternoon, which will be held in the Mercy Hospital, several interesting chest cases will be presented.

DOUBLY HONORED

Dr. Harry Roberts was honored twice within recent weeks. At the last District Meeting he was elected a member to the newly established Committee on Tax Supported Medical Care of the M.M.S.

The second honor came to him when at the last meeting of the Mass. Chapter of the Academy of General Practice he was elected President-elect for the coming year.

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5:00 P.M. - Clinical Session; 6:00 P.M. - Pediatric Rounds; 6:30 P.M. - Dinner; 8:00 P.M. - Formal Lecture.

Thursday, December 8, 1960

R. J. McKay, Jr., M.D., Professor and Chairman, Department of Pediatrics, The University of Vermont - College of Medicine. "Chromosomes and Human Disease".

Thursday, January 12, 1961

Jean Mayer, Ph.D., D., D.Sc., Professor of Nutrition, Harvard University, School of Public Health. "Extremes of Nutrition", "Underweight - Overweight".

Thursday, January 19

Tasker K. Robinette, Hospital Consultant, Booz-Allen & Hamilton. San Francisco, Cal. "The Economic Problems of the Practice of Medicine in the U. S. A."

Thursday, February 9

Kurt J. Isselbacker, M.D., Harvard Medical School, Mass. General Hospital, Gastroenterology Unit, "Absorption and Malabsorption". "Inborn Errors of Metabolism".

Thursday, February 23

John F. Crigler, Jr., M.D., The Children's Hospital Medical Center, "Pediatric Endocrinology".

Thursday, March 9

Horace L. Hodes, M.D., Pediatrician in Chief, The Mount Sinai Hospital, New York, New York. "Virus Diseases".

Thursday, March 23

G. E. Foley, SC. D. Children's Cancer Research Foundation, Boston. "Fungus Infection and Effects of Antibiotics". "Biochemical and Biological Studies on Mammalian Cells in Culture".

Thursday, April 13

William J. Waters, M.D., State University of New York, Upstate Medical Center, Syracuse. "Bilirubin Metabolism in the Newborn".

Thursday, April 27

Harold Jacobziner, M.D., Assistant Commissioner, Department of Health, New York City. "Causation, Control and Prevention of Accidental Chemical Poisonings in Children".

Thursday, May 11

Dr. James M. Dunning, Director of Dental Health Services, Harvard University. "The Subject of Fluoridation".

Thursday, May 25

Julius B. Richmond, M.D., Professor and Chairman, Department of Pediatrics, State University of New York, Upstate Medical Center. "Maternal and Child Relationships".

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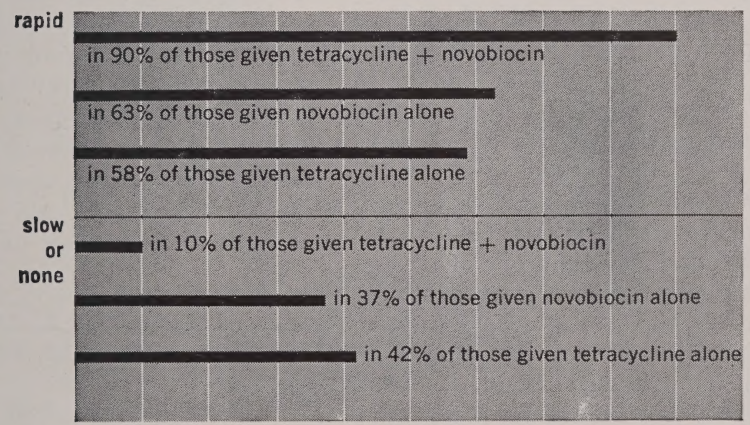
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1. Birkett, F. J., and others: Lancet *1*:838 (April 18) 1959.

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HERVEY LEWIS SMITH
—A TRIBUTE—

Hervey Lewis Smith died at his home in Palm Beach, Florida, on October 5, 1960, at the age of eighty-one. He joined the Hampden District Medical Society in 1903 and was an active member until 1947 when he was made a senior member. He served as secretary of the district from 1912 to 1937—an unparalleled stint of 25 years! During his tenure in office he brought an agreement whereby the presidency would thereafter be rotated geographically and given in turn to a Springfield fellow, a Holyoke fellow and then to a fellow outside those two cities.

Dr. Smith received his M.D. degree from the Harvard Medical School in 1903. Following his graduation he did postgraduate work at the school and then interned, first at the Springfield Hospital and then at the Massachusetts General Hospital in Boston. In 1907 he opened an office in Springfield for the general practice of medicine. His professional knowledge, his diagnostic skill and his ever readiness to respond to calls endeared him to his patients and made him one of the last of that long honored order of family doctors. Despite a growing trend to specialization in the minds of physicians and laity, Dr. Smith's practice continued to grow. He was in his prime when advancing arterial sclerosis in his legs caused such severe and painful disability that he could no longer stand the pace of his calling, and in 1937 forced him reluctantly to retire. He took up permanent abode in Florida but, until a year ago when his distability forbade the journey to and fro, he spent the summer months with his niece in Holyoke. He always planned the trips up and back so that he could attend spring or fall meetings of Hampden District of which he was a loyal member to the end.

Hervey Smith was a thoughtful, reserved individual. Like others of similar make-up, he had a host of acquaintances but only a few close friends. To those who knew him well he revealed a fund of stories and a humorous imagination in telling them that enhanced their piquancy. His hobby, if it could be called that, was study of the stock market, not as a speculator but as an investor, and he was a shrewd one. He was a man who hid his good works. Not until his death was there awareness of his concern for civic, social and charitable organizations — not the least of them the Massachusetts Medical Benevolent Society — all of which now know, and will remember, him as a generous benefactor. His erstwhile patients remember him as a trusted physician; his acquaintances in many walks of life as a straightforward man; his confreres as a wise counsellor; his friends as a staunch and loyal helpmate with deeds rather than words.

Allen G. Rice, M.D.

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The high risk group which contribute markedly to the excess of death are:

(1) Persons of all ages who suffer from such chronic debilitating diseases, as cardiovascular diseases, chronic broncho-pulmonary diseases, and diabetes; (2) pregnant women; and (3) all persons 56 years of age or older.

The recommended dosage for initial adult immunization is 1.0 c.c. (500 chick cell agglutinating units) administered subcutaneously on two occasions separated by two or more months. Persons previously immunized with a polyvalent vaccine should be reinoculated with a single booster dose of 1.0 c.c. subcutaneously each fall. The only contraindication to vaccination would be a history of allergic reaction to an egg-produced vaccine, such as the commercial influenza product.

The time to start such a program is right now. In the past, influenza vaccination has been sparse and sporadic and has been administered primarily in response to an epidemic or the threat of an epidemic. Immunization of high risk groups should be begun now and continued annually regardless of the predicted incidence of influenza for specific years.

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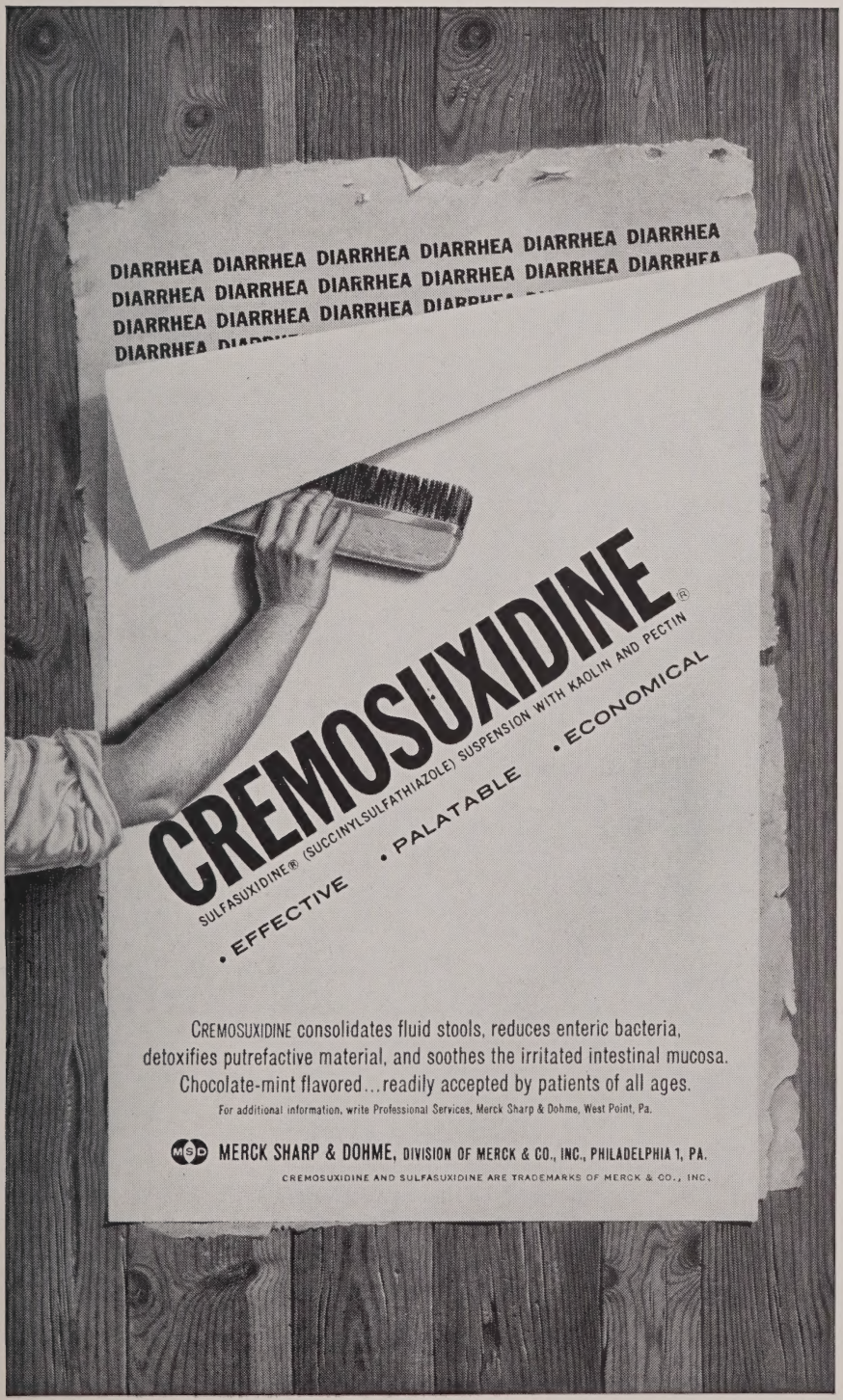
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